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|-----------|------------------|
| 01 FC:131 | 690.00 CH |
| 02 FC:102 | 78.00 CH |
| | 768.00 CH |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| CLAIMS | (1) FOR | (2) NUMBER FILED | (3) NUMBER EXTRA | (4) RATE | (5) CALCULATIONS |
|--|---------|------------------|------------------|-------------------------------|------------------|
| TOTAL CLAIMS (37 CFR 1.18(c)) | 14 | -20 = | 0 | x \$ 18 = | \$ 0.00 |
| INDEPENDENT CLAIMS (37 CFR 1.18(b)) | 4 | -3 = | 0 | x \$ 78 = | 78.00 |
| MULTIPLE DEPENDENT CLAIMS (if applicable)(37 CFR 1.16(d)) | | | | + \$260 = | 0.00 |
| | | | | BASIC FEE (37 CFR 1.16(a)) | \$ 690.00 |
| | | | | Total of above Calculations = | \$ 768.00 |
| Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28). | | | | | |
| | | | | TOTAL = | \$ 768.00 |

6. Small entity status:

- a. ☐ A small entity statement is enclosed.
b. ☐ A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
c. ☐ Is no longer claimed.

7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 14 - 0225:

- a. ☒ Fees required under 37 CFR 1.16.
b. ☒ Fees required under 37 CFR 1.17.
c. ☒ Fees required under 37 CFR 1.18.

8. ☐ A check in the amount of \$ _____ is enclosed.9. ☐ Other: _____

NOTE: The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below.

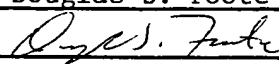
10. NEW CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Labelor ☐ New correspondence address below

(Insert Customer No. or Attach bar code label here)

| | | | | | | |
|---------|---------------------------|-----------|--------------|----------|--------------|--|
| NAME | Charlene Stukenborg, Esq. | | | | | |
| | NCR Corporation | | | | | |
| ADDRESS | Law Department, ECD2 | | | | | |
| | 101 West Schantz Av | | | | | |
| CITY | Dayton | STATE | OH | ZIP CODE | 45479-0001 | |
| COUNTRY | USA | TELEPHONE | 937-445-2922 | FAX | 937-445-3733 | |

11. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

| | |
|-----------|---|
| NAME | Douglas S. Foote |
| SIGNATURE |  |
| DATE | April 27, 2000 |